7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

DECEMBER 19, 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDA Q7 C 7117

| Jerry | T. Jones Plaim | • | | | | | | |
|----------------------------|---|---|---|--|--|--|--|--|
| | v. | | | | | | | |
| Amer | | can Airlines, Inc. Defendant(s) | | JUDGE CONLON CASE NUMBER MAGISTRATE JUDGE AS JUDGE | | | | |
| more i | informati | included, please place an X into w ion than the space that is provided, e additional information. Please P | attach one or m | | | | | |
| above or the comp | e-entitled in suppo costs = « laint/pet | nes, declare that I am the Mplaid case. This affidavit constitutes out of my motion for appointment of these proceedings, and tition/motion/appeal. In supposestions under penalty of perjury | smy application at of counsel, or that I am ort of this peti | ☐ to proceed withou ☐ both. I also declarentitled to the | t full prepayir re that I am un relief sough | nent of fees, nable to pay ht in the | | |
| t. | Are you currently incarcerated? | | | | | | | |
| 2. | Mont | ou currently employed? thly salary or wages: and address of employer: | | | | | | |
| | a. If the answer is "No": Date of last employment: September 11, 2006 Monthly salary or wages: \$2,347 per month, gross Name and address of last employer: American Airlines, Inc. O'Hare Airport, P.O. Box 66066, Chicago, IL 60666 | | | | | | | |
| | b. | Are you married? Spouse's monthly salary or v Name and address of employe | vages: | | | | | |
| 3. | or an | t from your income stated above yone clse living at the same a tes? Mark an X in either "Yes" of | ddress received | more than \$200 fro | om any of the | e following | | |
| | a. Amoi | Salary or wages | Received by | | □Yes | ⊟N₀ | | |

| b. Amoun | | on or □ other self-employment Received by | □Yes | EX. | | | | |
|---|---|---|--|----------------------|--|--|--|--|
| c. ☐ Rent payments, ☐ interest or ☐ dividends Amount | | □Yes | ₽ M | | | | | |
| d. | ☐ Pensions, ☐ social s | ecurity, \square annuities, \square life insura doyment, \square welfare, \square alimony or r | nce, □ disability, naintenance or □ | , □ wor child suj | | | | |
| Amoun | t | Received by | □Yes | © ì | | | | |
| e. | ☐ Gifts or ☐ inheritand | | □Yes | Ľ ∤ | | | | |
| | | Received by | | <u> </u> | | | | |
| f. Amoun | □Any other sources (state | ate source:Received by | _) □Yes | <u>e</u> x | | | | |
| saving | s accounts? | t the same residence have more tha □Yes ☑No Tota | al amount: | | | | | |
| In who | se name held: | Relationship to you | 1 | | | | | |
| Do you or anyone else living at the same residence own any stocks, bonds, securities or of | | | | | | | | |
| | ial instruments? | - | | · · | | | | |
| Proper | ty: | Current Value: | | | | | | |
| In who | se name hold: | Relationship to you | ı: | | | | | |
| Do yo | Do you or anyone else living at the same residence own any real estate (houses, apartme | | | | | | | |
| condo | niniums cooperatives to | vo-flats three-flats etc \? | ΠVeg | Ī | | | | |
| Addre | ss of property: | , , , , , , | — | _ | | | | |
| Type o | f property: | Current value: Relationship to you: | | | | | | |
| In who | se name held; | Relationship to you: | | | | | | |
| Amount of monthly mortgage or loan payments: | | | | | | | | |
| Name | of person making payment | ts: | | ··· | | | | |
| Do you or anyone else living at the same residence own any automobiles, boats, trailers, mo | | | | | | | | |
| homes or other items of personal property with a current market value of more than \$1000? | | | | | | | | |
| Proper | ty: | | | | | | | |
| Currer | t value: | | | | | | | |
| In who | se name heid: | Relationship to yo | ou: | | | | | |
| List th | e persons <u>who are depend</u> te how much you contribu | dent on you for support, state your rate monthly to their support. If none | elationship to eac , check here ☑N | h person o depend | | | | |

| I declare under per to 28 U.S.C. § 191 allegation of pover | 5(e)(2)(A), the court shall dismi | formation is true and correct. I underst iss this case at any time if the court de | termines that my |
|---|---|---|---|
| Date: 12-18 | ~ 7 | X leas 7 Jones Signature of Applicant | 2 |
| | | <u>Jerry T. Jones</u> (Print Name) | |
| institutional office in the prisoner's pri covering a full six in your own accou | r or officers showing all receipt ison or jail trust fund accounts. I months before you have filed you int—prepared by <u>each institution</u> | t also attach a statement certified by s, expenditures and balances during the Because the law requires information a sur lawsuit, you must attach a sheet cover where you have been in custody during whether by an authorized officer a | ne last six months s to such accounts ering transactions ng that six-month |
| | (Incarcerate | FIFICATE d applicants only) c institution of incarceration) | |
| I certify that the a | pplicant named herein, | , I.D.# | , has the sum |
| of\$ | on account to his/her credit at (| (name of institution) | |
| | | g securities to his/her credit: | |
| certify that during | the past six months the applica | ant's average monthly deposit was \$_ | <u> </u> |
| (Add all deposits | from all sources and then divide | by number of months). | |
| DATE | | SIGNATURE OF AUTHORIZED (| OFFICER |

(Print name)